

## AI Generated Rheumatoid Arthritis Bullet Point Summary

### Rheumatoid Arthritis (RA) – Study Summary

#### Basics

- **Chronic, systemic autoimmune disease.**
  - Inflammation of **connective tissue in synovial joints.**
  - More common in **women (3:1 ratio).**
  - Peak onset: **30–50 years old.**
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#### Pathophysiology

- Immune system attacks **synovial membrane** → inflammation.
  - Leads to **pannus formation** (abnormal granulation tissue).
  - Cartilage destruction, bone erosion, joint deformity, and disability.
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#### Risk Factors

- Genetic predisposition (HLA-DR4, HLA-DR1).
  - Environmental triggers (smoking, infection, stress).
  - Hormonal influence (estrogen).
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#### Clinical Manifestations

- **Early symptoms:** fatigue, anorexia, weight loss, generalized stiffness.
  - **Joint symptoms:**
    - o Pain, swelling, warmth, tenderness.
    - o Symmetrical involvement (bilateral).
    - o Small joints first (hands, feet, wrists).
    - o Morning stiffness >1 hour.
  - **Late disease:** deformities (swan-neck, boutonnière, ulnar drift), decreased mobility.
  - Extra-articular manifestations: nodules, Sjögren's syndrome, Felty's syndrome, vasculitis, osteoporosis, anemia, pulmonary & cardiac complications.
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## Diagnostics

- History + physical exam.
  - Labs:
    - **Rheumatoid factor (RF)** (not specific).
    - **Anti-CCP antibodies** (specific).
    - ESR & CRP (indicate inflammation).
  - Imaging: X-ray, MRI, ultrasound → joint damage.
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## Stages

1. Synovitis (swelling, pain).
  2. Pannus formation.
  3. Fibrous ankylosis.
  4. Bony ankylosis (fusion).
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## Treatment Goals

- Reduce inflammation.
  - Relieve pain.
  - Prevent joint deformity.
  - Maintain function & quality of life.
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## Medications

- **DMARDs (disease-modifying antirheumatic drugs):** methotrexate (first choice), sulfasalazine, hydroxychloroquine.
  - **Biologic agents:** TNF inhibitors (etanercept, infliximab).
  - **Corticosteroids:** for flare-ups.
  - **NSAIDs:** pain/inflammation relief (not disease-modifying).
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## Non-Pharmacologic

- Rest balanced with exercise.

- Joint protection (splints, assistive devices).
  - Heat/cold therapy.
  - Nutrition: balanced diet, weight management.
  - Surgery: joint replacement if severe.
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### **Nursing Management**

- Pain management (heat, rest, meds).
  - Encourage mobility & independence.
  - Education on meds (side effects, adherence).
  - Support groups & coping strategies.
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### **□ Key Facts to Remember**

- Autoimmune → attacks synovium.
- Symmetrical joint involvement.
- Morning stiffness >1 hr.
- Anti-CCP = most specific test.
- Methotrexate = gold standard DMARD.
- Swan-neck & boutonnière deformities.